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Application Number	10/568,619
Filing Date	February 16, 2006
First Named Inventor	Nie, Heng-Yong
Title	METHOD OF CONTROLLABLE MORPHOLO
Art Unit	
Examiner Name	
Attorney Docket Number	15335NP

I hereby revoke all previous powers of attorney given in the above-identified application.			
I hereby appoint:			
Practitioners associated with the Customer Number: OR			
Practitioner(s) named below:			
Name	Registration Number		
Ralph A. Dowell	26868		
Lynn C. Schumacher	36413		
Nancy E. Hill	. 41564		
Wendy M. Slade, Alyssa Ann Finamore	53604, 55177		
as my/our attorney(s) or agent(s) to prosecute the application identified a Trademark Office connected therewith.	above, and to transact all business in the United States Patent and		
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Country	State Zip		
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Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant			
Name Stewart N. McIntyre Date Warch 20, 2006 Telephone S19-661-2173 Title and Company Director, Surface Science Western, The University & Western Outaino NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple force if near the continuous process.			
*Total of 3 forms are submitted.			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Examiner Name				
Attorney Docket Number	15335 NP			

Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name Registration Number Ralph A. Dowell Lynn C. Schumacher Nancy E. Hill Wendy M. Slade, Alyssa Ann Finamore as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Please recognize or change the correspondence address for the above-Identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR The address associated with Customer Number: OR State State Email Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66) SIGNATURE of Applicant or Assignee of Record	Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name	I hereby revoke all provious nevers of the						
Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name Registration Number Ralph A. Dowell Lynn C. Schumacher Nancy E. Hill Wendy M. Slade, Alyssa Ann Finamore as my/our attioney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR The address associated with Customer Number: OR Signature State Date March 27 245 Name 22 245 Name 24 24 245 Name 24 245	Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name	I hereby revoke all previous powers of attorney given in the above-identified application.						
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Name Registration Number Ralph A, Dowell 26868 Lynn C, Schumacher 36413 Nancy E, Hill Wendy M, Slade, Alyssa Ann Finamore 41564 Wendy M, Slade, Alyssa Ann Finamore 53604, 55177 rademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: 000293 OR Firm or Individual Name Address City State Zip Country Telephone Email I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Signature Date Macrel 27 2474	Relph A. Dowell Lynn C. Schumacher Narre	OR .				Ī		
Ralph A. Dowell Lynn C. Schumacher Nancy E. Hill Wendy M. Slade, Alyssa Ann Finamore as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR City Country Telephone I am the: Applicant/inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record	Ralph A. Dowell Lynn C. Schumacher Nancy E. Hill Wendy M. Slade, Alyssa Ann Finamore as mylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR City Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Signature Name Heng-Yong Nie Title and Company Research Science Workers Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one	Practitioner(s)	named below:	· ·				
Ralph A. Dowell Lynn C. Schumacher Nancy E. Hill Wendy M. Slade, Alyssa Ann Finamore as myfour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone Imm the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Signature Date March 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Ralph A. Dowell Lynn C. Schumacher Nancy E. Hill Wendy M. Slade, Alyssa Ann Finamore as my/our difficiency(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark. Office connected the rewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone Iam the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86) Signature Name Heng-Yong Nie Title and Company Researd. Science Works. The University & Works. Outside More than one NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one		Name		Regist	cation Num	hor	
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Wendy M. Slade, Alyssa Ann Finamore as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR City Country Telephone Iam the: Y Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Signature Date Mem. 29, 2056 Signature Date	Wendy M. Slade, Alyssa Ann Finamore 35004, 55177 Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Heng-Yong Nie Telephone Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one		macher			36413	<u> </u>	
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Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Date Macril 20 2054	Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Heng-Yong Nie Title and Company Research Signature Science Weden The University & Weden Outland NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one	The address associated with Customer Number						
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Application Number	ormation unless it displays a valid OMB control number.
Application Number	10/568,619
Filing Date	February 16, 2006
First Named Inventor	Nie, Heng-Yong
Title	METHOD OF CONTROLLABLE MORPHOLO
Art Unit	i i i i i i i i i i i i i i i i i i i
Examiner Name	
Attorney Docket Number	15335NP

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	Registration Number		
Ralph A. Dowell	26868		
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am the:			
Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S.	\$8796)		
	cant or Assignee of Record		
Signature			
Name Mary Jane Walzak	Date March 23, 2006 Telephone (C) 2177		
Title and Company Research Scientist, Schace Science Western. The University of Western Outario.			
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